No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9949

Registrar's No. 2465

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 80 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3146a Texas Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME August Aufderheide
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Sophie Meyer
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased December 27, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	2	13	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business Dry Goods
FATHER
12. Name Frederick W. Aufderheide
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Heitman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mr. & Mrs. Phil Fox
(b) Address 27 Fox Meadows Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.
(b) Address 1936 St. Louis Avenue
19. (a) MAR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 1: minute 45 P. M.

21. I hereby certify that I attended the deceased from March sixth, 1948, to March 10, 1948; that I last saw him alive on March 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage (internal capsule)	5 days
Due to Generalized arteriosclerosis and Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cerebral hemorrhage - internal capsule - right.

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles B. Stenger (M. D. or other) M.D.
Address 3103 Arsenal St. Date signed 3/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Neal de Paulson

Licensed Embalmer No. 4144

P. O. Address 1936 St Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.